

Tenant Based Rental Assistance Set Up Form HOME Program

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
OMB Approval No. 2506-0171
(Exp. 03/31/2005)

Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision	Name and Phone Number of Person Completing Form:
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A. General and Activity Information.

1. Name of Participant:	2. County Code:	3. IDIS Activity ID Number:	4. Activity Name:

B. Household Characteristics. (Refer to code below where applicable) **Assisting more than 8 tenants? Make copies of this page for additional space.**

No.	Last Name	# of Bdrms	Sec Dep	Monthly Rent			Household					Tenant Contract		
				Tenant (a)	TBRA (b)	Total (a+b)	% Med	Hispanic? Y/N	Race	Size	Type	Paid To? O=Owner T=Tenant	New? Y/N	Months
1														
2														
3														
4														
5														
6														
7														
8														

C. Total/Subtotal of HOME Funds Requested: \$

# of Bdrms 0 – SRO/Efficiency 1 – 1 bedroom 2 – 2 bedrooms 3 – 3 bedrooms 4 – 4 bedrooms 5 – 5 or more bedrooms	Household % of Med 1 – 0 to 30% 2 – 30+ to 50% 3 – 50+ to 60% 4 – 60+ to 80%	Household Race 11 – White 12 – Black or African American 13 – Asian 14 – American Indian or Alaska Native 15 – Native Hawaiian or Other Pacific Islander 16 – American Indian or Alaska Native & White 17 – Asian & White 18 – Black or African American & White 19 – American Indian or Alaska Native & Black or African American 20 – Other Multi Racial	Household Size 1 – 1 person 2 – 2 persons 3 – 3 persons 4 – 4 persons 5 – 5 persons 6 – 6 persons 7 – 7 persons 8 – 8 or more persons	Household Type 1 – Single, non-elderly 2 – Elderly 3 – Single parent 4 – Two parents 5 – Other
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